

## LETTER TO THE EDITOR

## Mitigating mental health consequences during the COVID-19 outbreak: Lessons from China

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The pandemic of coronavirus disease 2019 (COVID-19) is sweeping the world. As of 15 April 2020, almost 2 million people have been diagnosed with COVID-19 globally. COVID-19 is not only taking its toll on physical health but is also threatening mental health. At the peak of the COVID-19 epidemic in China, Qiu *et al.* found that the prevalence of psychological distress in the general population was as high as 35%. Those directly impacted by COVID-19, including patients and frontline responders, are potentially at even higher risk. In the last 3 months of curbing the spread of COVID-19, China has implemented a package of targeted measures to mitigate the potential mental health consequences of COVID-19. Now, as the COVID-19 outbreak escalates across the world, we share our experience in addressing the mental health ramifications of COVID-19 in China in order to inform similar efforts globally.

Over the course of the epidemic, the Chinese government, at the highest levels, has prioritized public mental health care. On 3 February, President Xi Jinping called for the development and implementation of comprehensive strategies to alleviate psychological distress caused by COVID-19.<sup>2</sup> And then the National Health Commission of China (NHCC) published a policy that required all local authorities to incorporate psychological crisis interventions into their epidemic response plans.<sup>3</sup> Since then, more guidelines have been released targeting various aspects of epidemic-related mental health services, including the establishment of psychological assistance hotlines,<sup>4</sup> the management of people with severe mental illness, <sup>5</sup> and the psychological recovery of COVID-19 survivors.<sup>6</sup>

Of note, the NHCC developed a mental health triage strategy to provide four levels of psychological crisis interventions. The first level serves patients with COVID-19 and frontline responders. The second level focuses on close contacts under quarantine. The third level targets family members of patients. The fourth level exists to assist all others in the community. Triaging mental health needs in response to the COVID-19 outbreak will be important, especially for low- and middle-income countries, in order to optimize the allocation of mental health-care resources.

In the very early stages of the epidemic, the government established a nation-wide system of online mental health services, including mental health education, psychological support, and medical consultation and treatment. Social media has been leveraged to share online self-help resources for mental health. Numerous online courses have been launched to provide mental health education for the general public. In addition, hundreds of psychological assistance hotlines have been set up throughout all 31 provinces, municipalities, and autonomous regions in mainland China, providing 24/7 mental health support services.<sup>7</sup>

Since the 1990s, mental health and psychosocial support have been gradually incorporated into China's emergency preparedness and response framework. As part of this effort, a cadre of crisis-intervention experts has been developed. Amidst this epidemic, many of them have been dispatched to the dedicated coronavirus hospitals and quarantine stations in Wuhan to provide psychological consultations for patients and also to relieve acute stress among frontline responders. Various kinds of mental

health interventions have been implemented, including cognitive therapies, expressive therapies, Tai Chi, and dance-based exercises.

Many civil society organizations have also been actively involved in addressing the mental health challenges of COVID-19. Large numbers of social workers and counseling psychologists have volunteered to participate in online psychological support for the general public. Mental health service user groups have been advocating for attention to the neglected needs of people with preexisting mental health conditions, including those of prescription refills.

However, there are still some shortcomings. First, although online mental health services have been encouraged as pivotal measures to mitigate the mental health consequences of COVID-19 in China, concerns have been raised that online services may exacerbate health disparities, in that a significant digital divide still exists in China. Second, although a large number of crisis interventions have been provided, their effectiveness has rarely been evaluated (understandably though, due to the rapid evolution of the epidemic). Third, to the best of our knowledge, most published research findings till now on COVID-19-related mental health in China have been derived from non-probability rather than nationally representative samples. We therefore still lack sufficient data to draw firm conclusions about the range and severity of the mental health consequences of COVID-19.

As COVID-19 spreads exponentially across the world, it is accompanied by enormous uncertainty, fear, anger, anxiety, and stress, as well as profound challenges for managing preexisting mental disorders. It is necessary for every country engulfed by the maelstrom of COVID-19 to take proactive actions to mitigate its potential mental health ramifications as soon as possible. We sincerely hope that China's experience will help.

## **Disclosure statement**

Nothing to declare.

## References

- Qiu J, Shen B, Zhao M, Wang Z, Xie B, Xu Y. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations. *Gen. Psychiatry* 2020; 33: e100213.
- Xi J. Speech at the Standing Committee of the Political Bureau of the People's Republic of China on the response to the COVID-19 epidemic. Qiushi 2020. [Cited 20 March 2020.] Available from URL: http://www. qstheory.cn/dukan/qs/2020-02/15/c\_1125572832.htm.
- Joint Prevention and Control Mechanism of the State Council. Principles of psychological crisis interventions during the COVID-19 epidemic. 2020. [Cited 19 March 2020.] Available from URL: http://www.nhc.gov. cn/jkj/s3577/202001/6adc08b966594253b2b791be5c3b9467.shtml
- Joint Prevention and Control Mechanism of the State Council. Guideline for psychological assistance hotlines during the COVID-19 epidemic. 2020. [Cited February 20 2020.] Available from URL: http://www.nhc. gov.cn/jkj/s3577/202002/f389f20cc1174b21b981ea2919beb8b0.shtml
- National Health Commission of China. Notifications of strengthening treatment and management of severe mental illness during the COVID-19 epidemic. 2020. [Cited 19 March 2020.] Available from URL: http:// www.nhc.gov.cn/jkj/s3577/202002/f315a6bb2955474c8ca0b33b0c356a32. shtml
- Joint Prevention and Control Mechanism of the State Council. Guideline for psychosocial support during the COVID-19 epidemic. 2020. [Cited 19 March 2020.] Available from URL: http://www.gov.cn/xinwen/2020-03/19/content. 5493051.htm
- Liu S, Yang L, Zhang C et al. Online mental health services in China during the COVID-19 outbreak. Lancet Psychiatry 2020; 7: e17–e18.
- 8. Hong YA, Zhou Z, Fang Y, Shi L. The digital divide and health disparities in China: Evidence from a national survey and policy implications. *J. Med. Internet Res.* 2017; **19**: e317.



Hao Yao, MD, <sup>1†</sup> Jian-Hua Chen, MD, PhD , <sup>2,3†</sup> Min Zhao, MD, PhD, <sup>2</sup> Jian-Yin Qiu, MD, PhD, <sup>2</sup> Karestan C. Koenen, PhD, <sup>1</sup> Robert Stewart, MD, <sup>3,4</sup> David Mellor, PhD<sup>2,5</sup> and Yi-Feng Xu, MD, Msc <sup>2</sup> Harvard T. H. Chan School of Public Health, Boston, USA, <sup>2</sup>Shanghai Clinical Research Center for Mental Health, Shanghai Key Laboratory of Psychotic Disorders, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China, <sup>3</sup>Department of

Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, King's College London, <sup>4</sup>South London and Maudsley NHS Foundation Trust, London, UK, and <sup>5</sup>School of Psychology, Deakin University, Burwood, Australia Email: xuyifeng@smhc.org.cn <sup>†</sup>Joint first authors. Received 15 April 2020; accepted 28 April 2020.